

12-18-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

(Bruce) Yiqun Wang et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: December 14, 2001

Group Art Unit: Unknown

For: CATHETER HAVING IMPROVED CURVE RETENTION AND METHOD OF
MANUFACTURE

Docket No.: 1001.1465101

TRANSMITTAL SHEET

Box Patent Application
The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL855120340US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 14th day of December, 2001.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

[XX] TWENTY-THREE (23) sheet(s) of specification.

[XX] TWENTY-ONE (21) claim(s).

[XX] ONE (1) sheet(s) of Abstract.

[XX] THREE (3) sheet(s) of informal drawings.

[XX] Executed Declaration and Power of Attorney.

[] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[XX] An Assignment of the invention to SciMed Life Systems, Inc., is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19__, the right of priority of which is claimed under 35 U.S.C. §119.

12/14/01
jc698 U.S. PTO

11036 U.S. PTO
10/020521
12/14/01

12/14/01
jc698 U.S. PTO

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE	1	0		\$370		\$740
TOTAL CLAIMS	21-20 =	1	X9=	\$	X18=	\$18
INDEPENDENT CLAIMS	3-3 =	0	X42=	\$	X84=	\$0
() MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$0
TOTAL			\$		\$758	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____

[XX] A check in the amount of \$758.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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